

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613001
<015>	Study Area Name	ARCTIC SLOPE TEL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Clover McNeil
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9075642680 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	clover@astac.net
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes / no) <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

613001akprogressnarrative112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

(300) Unfulfilled Service Request
Data Collection Form

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<039> Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<300> Unfulfilled service request (voice)	0
<310> Detail on attempts (voice)	Name of Attached Document
<320> Unfulfilled service request (broadband)	0
<330> Detail on attempts (broadband)	Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered both fixed and mobile voice
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	0 . 0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered both fixed and mobile broadband
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	0 . 0

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	613001aksvcqualityandcpn1510.pdf

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	613001akfunctionalityinemergencysituations610.pdf

(800) Operating Companies
Data Collection Form

<010>	Study Area Code	613001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<810>	Reporting Carrier	Arctic Slope Telephone Association Cooperative, Inc.
<811>	Holding Company	Arctic Slope Telephone Association Cooperative, Inc.
<812>	Operating Company	Arctic Slope Telephone Association Cooperative, Inc.

[illegible]

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Yes

<900> Does the filing entity offer tribal land services? (Y/N)

North Slope Borough

613001akttribal920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1000) Voice and Broadband Service Rate Comparability
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

	Name of Attached Document
<1020> Broadband comparability certification	Not Applicable
<1030> Attach detailed description for broadband comparability compliance	

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

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<1100>	Certify whether terrestrial backhaul options exist (Y/N)	<div>Yes</div>
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<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	<div></div>
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(1200) Terms and Condition for Lifeline Customers

Lifeline Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>613001akLITC1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	www.astac.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	613001
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1

2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1

2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(iii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(iii)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Name of Attached Document Listing
Required InformationName of Attached Document Listing
Required Information

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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	Yes - Attach Certification	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	613001akmilestonecert3010b.pdf	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	Yes - Attach New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	613001akanchors3012b.pdf
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	613001akfinancials3026.pdf

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Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ARCTIC SLOPE TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/15/2016
Printed name of Authorized Officer: Clover McNeil	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 9075642680 ext.	
Study Area Code of Reporting Carrier: 613001	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Arctic Slope Telephone Association Cooperative, Inc.
Program Year 2017

PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN

PREAMBLE

This document is an integral part of the Arctic Slope Telephone Association Cooperative, Inc.'s (ASTAC) Program Year 2017 Annual Report, as attached to Form 481. It is in compliance with §54.313(a)(1) adopted in the FCC's USF/ICC Transformation Order (11-161) and incorporates all further clarifications identified in subsequent Reconsideration Orders, as applicable, that were in effect at the time the Annual Report was due by Rule, to the requisite regulatory authorities.

Arctic Slope Telephone Association Cooperative, Inc. advises that the environment in which ASTAC operates is dynamic, not static. As a result, certain network targets identified in its initial 5 Year Network Improvement Plan filed in 2014, may be modified in response to regulatory decisions that have been subsequently adopted, and as their implication upon ASTAC's financial viability in providing the required services and service level quality became known.

Modifications to the Network Improvement Plan may also have been taken due to changes in technology (vendor)-driven support, weather, or other emergency related contingencies.

Targets not met or changed since the initial 5 Year Network Improvement Plan filing are identified and reasons provided for those changes.

UNIVERSAL SERVICE SUPPORT RECEIVED IN 2015

Per the Universal Service Administrative Company (USAC), as available for the period up to this filing, Arctic Slope Telephone Association Cooperative, Inc. received a total of \$3,852,540 in USF support funds in 2015. The breakdown of the funding is:

- \$1,236,654 High Cost Loop Support
- \$ 0 Local Switching Support
- \$ 923,718 Connect America Fund-Intercarrier Compensation Support
- \$1,692,168 Interstate Common Line Support
- \$ 0 Safety Net Additive

Universal Service Support funds are used to: 1) maintain, upgrade, and improve ASTAC's network and, 2) cover operating expenses and debt commitments as necessary to permit it to offer a high level of service for both voice and broadband within the authorized serving area.

USF support will continue to be included in ASTAC's current revenue accounts and forward-looking projections. Revenues, in the aggregate, are used for both capital expenditures as well as to cover operating expenses and fixed costs incurred to obtain capital from lenders. ASTAC does not segregate USF separately for purposes of capital and operating expenditures; USF is

expended in the same proportion as its contribution is to ASTAC's aggregated revenue amount. The proportionate share of USF expenditures in 2015 for CAPEX was [REDACTED] and for OPEX [REDACTED]

In the accompanying 2015 project detail, expenditures for network improvements sometimes involve service quality, service coverage and service capacity as an integrated improvement project and are not mutually exclusive from one another. In terms of cost, projects involving multiple qualifiers are of equal dollar equivalence. Where a project involves a single qualifier, it is so noted.

In prior Program Year filings, ASTAC reported the following:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

PROGRESS REPORT

2015

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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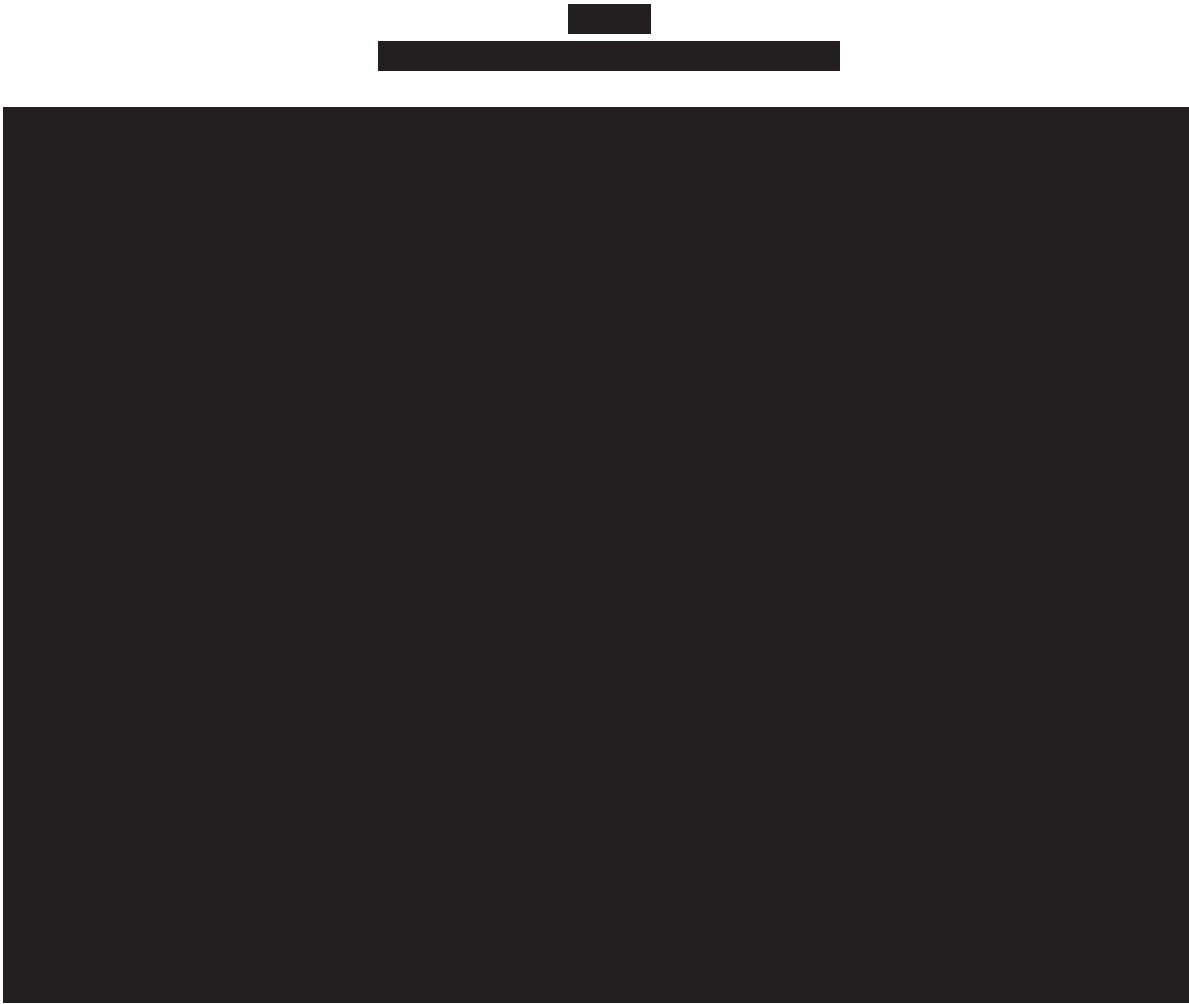
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

54.313(a)(5) Satisfaction of Consumer Protection and Service Quality Standards

Consumer Protection

Voice and Broadband

Arctic Slope Telephone Association Cooperative, Inc. complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions. This applies to all lines of business (voice, broadband, wireless and lifeline).

Service Quality Standards

Voice

Arctic Slope Telephone Association Cooperative, Inc. complies with the service standards of the State of Alaska promulgated in Alaska Statutes, Title 3 Commerce, Community, and Economic Development Part 7 Regulatory Commission of Alaska, 3 AAC 52.200-3, AAC 52.340, Telephone Utilities and Alaska Administrative Code 3 AAC 53.700 State Telecommunications Modernization. This applies to all lines of business (voice, broadband, wireless and lifeline).

Broadband

Arctic Slope Telephone Association Cooperative, Inc. follows the service standards noted in NECA Tariff #5 and is committed to provide the highest service to its broadband customers.

Functionality in Emergency Situations

In 7 of our village locations (Point Hope, Point Lay, Wainwright, Atkasuk, Nuiqsut, Kaktovik and Anaktuvuk Pass) we have fully redundant Redcom local exchange switches. The central offices that these switches are installed in are equipped with back up batteries designed to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of the loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. We have village reps in these villages that can check the site during an emergency and have fuel delivered if necessary.

In our two largest exchanges, Barrow and Deadhorse we have fully redundant Genband C15 local exchange switches. The central offices these switches are installed in are equipped with back up batteries to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. In addition these locations are manned 7 days a week for emergency response.

In both Barrow and Deadhorse we have battery back up at all remote locations and any locations without permanent standby generators are supported by portable generators.

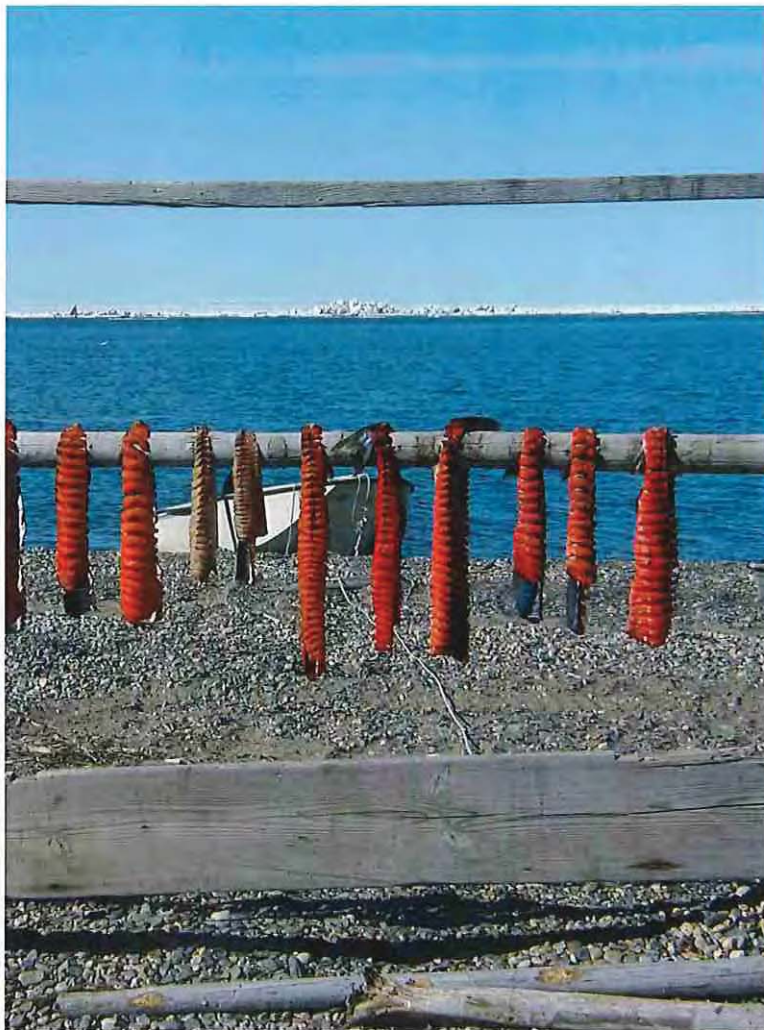
In all locations we work with the two long distance carriers to reroute traffic as required to recover from network outages or traffic spikes. We have redundant routes to both major carriers.

Most ASTAC Wireless cell sites are collocated with our LEC infrastructure and therefore have the same protections as shown above. Those that are standalone either have protected power provided by the facility, or have back up batteries designed to support an 8 hour power disruption and are supported by portable generators as needed.

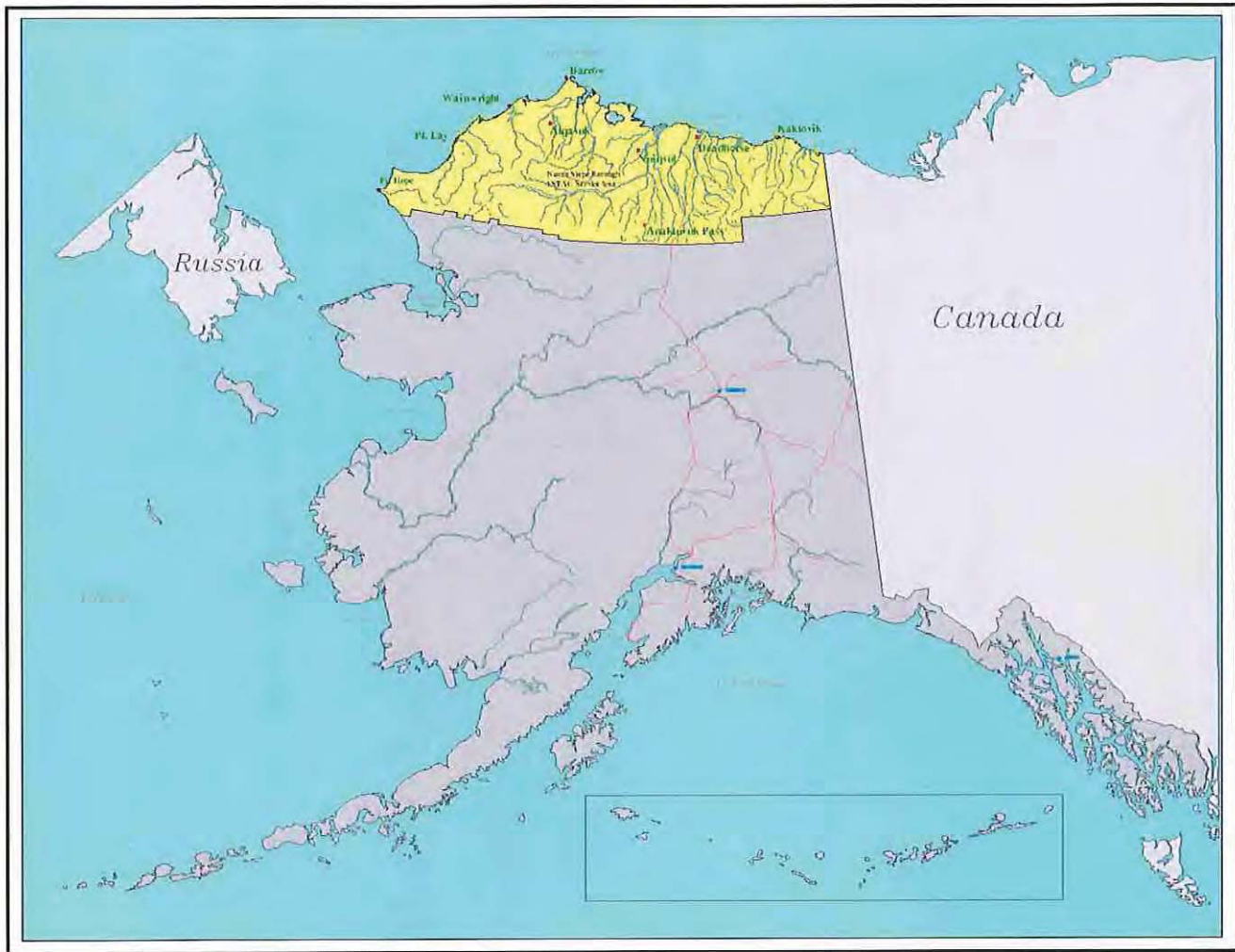
Arctic Slope Telephone Association Cooperative, Inc.

Certification of Tribal Engagement

For the Year Ending December 31, 2015



Service Area Description: Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) serves the North Slope Region of Alaska. Our service area encompasses over 92,000 square miles and has seven traditional Native villages, the City of Barrow and the oilfields of Prudhoe Bay scattered across that expanse. With the exception of Prudhoe Bay, which is built out from the terminus of the Dalton Highway, all other villages can only be reached year round by aircraft.



Tribal Entities: There are ten federally recognized Tribal Entities within ASTAC's serving area. Each of the seven villages and Barrow has a Native Village organization. Arctic Slope Native Association (ASNA) is the Tribal Entity that manages the Samuel Simmonds Memorial Hospital in Barrow and the Inupiat Communities of the Arctic Slope (ICAS) serves as an "umbrella" government for eight remote Inupiat villages known as the Inupiat "community" spread out along the Arctic Ocean and in the interior, just above the Arctic Circle.

The Process: Following the guidelines in DA 12-1165, ASTAC's Executive Leadership Team made multiple attempts to either coordinate telephonic meetings for Tribal Engagement or meet the requirement through proxy of the engagement process by the tribal entity to the village's elected Director to the ASTAC Board. Tribal leadership points of contact were updated to reflect current information (Tab 1). A cover letter was created to explain the process and asking for the Tribal Entity's cooperation in meeting our Tribal Engagement obligations. The cover letter borrowed heavily from DA 12-1165. This document was sent on November 5, 2015. An example of the cover letter can be found at (Tab 2).

The cover letter did not elicit a response from any of the Tribal entities who have not asked to be represented by their Tribe's Director on the ASTAC Board. Prior to the mailing of the first letter, ASTAC had held four regularly scheduled Board meetings throughout 2015, where the Board approved numerous ongoing engagement items. Minutes for an Open portion of a meeting, including Board approval of engagement activities can be found at (Tab 3). At these same Board meetings, Directors residing in the 5 communities who had been non-responsive to the engagement interaction were asked to do a personal follow up with the Tribal entity and all agreed to do so, with one community's native village agreeing that it made good sense to be represented by their community leader on the ASTAC Board. We had another tribal entity (ASNA) follow up after December 31, 2015, expressing similar interest and we are working with them to educate them on the process including a trip to Barrow in the first quarter of 2016 to follow up with ASNA leadership on the information that has been provided. Following the initial mailing, Charlie Carpenter, Chief of Network Operations requested a telephonic meeting. Telephonic logs for each Tribal Entity who did not proxy representation to their elected Director can be found at (Tab 4).

Following multiple attempts to engage Tribal Leadership from November through December 2015, we were successful in connecting with 60% (six) of the ten Tribal entities. A recurring theme that was expressed in 2012 through 2015 was the appropriateness of using the ASTAC elected Board member as a representative of many of the Tribal entities, since the Board member is also a member of the Tribal entity, has received telecom specific training, and sets the direction for the Cooperative based on the will of the people who elect them. We received a written request to do so from the Native Villages of Barrow and Wainwright and verbal authorization from the Native Villages of Kaktovik, Nuiqsut, Point Hope, and Anaktuvuk Pass.

I certify that the above description of ASTAC's Tribal Engagement is a fair and accurate documentation of our efforts and that a copy of this certification has been provided via USPS to all of our Tribal entities.



December 31, 2015

Stephen L. Merriam, CEO

Date

<http://www.loc.gov/catdir/cps0/biaind.pdf>



Arctic Slope Telephone Association Cooperative, Inc.
4300 B Street, Suite 501, Anchorage, AK 99503
907-563-3989 • 1-800-478-6409 • T: 907-563-1932

November 6, 2015

Ms. Marie Carroll
Arctic Slope Native Association
P.O. Box 1232
Barrow, Alaska 99723

Dear Ms. Carroll;

This letter is intended to help facilitate engagement between Tribal government officials and ASTAC, which provides service on Tribal lands with the use of Universal Service Fund (USF) support. In 2012, ASTAC met with all tribal entities on the North Slope. Based on feedback we received from Tribal leadership, we are amending our process to better collaborate with you.

A number of tribal entities pointed out that ASTAC has an elected Director to our Board representing your community. All Directors receive extensive industry training in telecommunications, meet four times yearly to set direction for the Cooperative and could potentially be a great resource in directing the Cooperative relative to your planning. It was highly suggested that the Director coordinate with you and speak for your tribal entity, engaging the Cooperative management team on your behalf. This would be much more responsive to your evolving needs due to the quarterly standing Board meetings where you could be represented. It would also save the membership a significant amount of money. For instance, in-person tribal engagement in 2012 cost the Cooperative almost \$28,000. Six of the ten tribal entities for the North Slope have adopted this approach by 2014, saving the membership significant money better used to upgrade the network for future offerings.

If this alternative approach makes sense to you, please email me at steve@astac.net and confirm your interest in using our Board member, Marietta Aiken as your organization's representative for telecommunications issues, and we will take it from there. Thanks for your consideration of this tailored approach.

Best Regards,

Stephen Merriam, CEO

ASTAC, Serving the North Slope of Alaska since 1980

11. EXECUTIVE SESSION

(Tab 6)

/ 5 Year Plan Current Year Update –

C. Wireless Partnership Update — [REDACTED]

D. Financial Report – Year to Date – [REDACTED]

E. 2016 Budget Presentation – [REDACTED]

12. BOARD ACTION ON EXECUTIVE SESSION ISSUES

13. COMMITTEE REPORTS

A. Tribal Engagement Committee

Members: Cornelia, Paul, Terry, Marietta, Noreen, Ella, Marjorie and Patrick

To the extent the recipient serves Tribal lands, documents or information demonstrating that the ETC had discussions with Tribal governments that, at a minimum, included:

(i) A needs assessment and deployment planning with a focus on Tribal community

anchor institutions; Review of current year activity of the 5 year plan in
Executive Session - [REDACTED]

(ii) Feasibility and sustainability planning; See Item 11.B. Financial Report in Executive Session - [REDACTED]

(iii) Marketing services in a culturally sensitive manner; Presented in [REDACTED] Report.

(iv) Rights of way processes, land use permitting, facilities siting, environmental and

cultural preservation review processes; Presented in [REDACTED] Report

(v) Are there compliance with Tribal business and licensing requirements? If so, are we in compliance? In [REDACTED] Report

(vi) Follow up solicitation for Board member to represent Native Village in Telecom matters – Still needed with Native Villages of PIZ, ATQ as well as ICAS and ASNA. In [REDACTED] Report

Agenda items in red signify action on Tribal Engagement

*Agenda subject to change by Board Chairperson

Tab 3

Appendix B - Tribal Engagement Telephonic Record ASNA

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/23/2015	2:27pm	907-852-4611	press 1 for ASNA	Left Marie Carrol a message re:Steve's letter - ask for call back	CC
12/31/2015	12:52pm	907-852-4611	operator answered	Left Marie Carrol a message re:Steve's letter - ask for call back	CC
1/4/2016	3:15m		got a call from Luke Welles Merriam did email him a copy on 1/4/2016	Luke called to say Marie Carroll was on sabbatical and he was taking her place. He had not seen the letter and I said we would email him a copy. Steve	CC

ANCHORAGE OFFICE
4300 B Street, Suite 501
Anchorage, Alaska 99503
1-800-478-6409
Fax: 907-563-3394



BARROW OFFICE
1078 Kiogak Street
Barrow, Alaska 99723
907-852-7100
Fax: 907-852-0006

LIFELINE HOUSEHOLD WORKSHEET
ONLY Multiple Households Complete This Form

CUSTOMER'S FULL NAME	
MAILING ADDRESS	
"Main" Lifeline Telephone Number	

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies. Lifeline is a non-transferable benefit and may not be transferred to any other person. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

1. **Does your spouse or domestic partner** (that is, someone you are married to or in a relationship with) **already receive Lifeline services for landline or wireless service?** (check no if you do not have a spouse or partner) YES NO

- If you checked **YES**, you do not qualify for Lifeline and may not sign up because someone in your household already receives Lifeline. Only **ONE** Lifeline discount is allowed **per household**. (do not complete the rest of the form.)
- If you checked **NO**, please **answer question #2**.

2. **Do other adults** (people over the age of 18 or emancipated minors) **live with you at your address?**

- | | | | |
|--------------------------------------------------------------------------------------------|------------------------------------|----------------------|------------------------------------|
| A. A parent | <u> </u> YES <u> </u> NO | D. An adult roommate | <u> </u> YES <u> </u> NO |
| B. An adult son or daughter | <u> </u> YES <u> </u> NO | E. Other _____ | <u> </u> YES <u> </u> NO |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) | <u> </u> YES <u> </u> NO | | |

- If you checked **NO** for each statement above, skip question #3. Please **initial line B below**, and sign and date.
- If you checked **YES** on any statement above, please answer question #3.

3. **Do you share living expenses** (bills, food, etc.) **and share income** (either your income, the other person's income or both incomes together) **with at least one of the adults listed above in question #2?** YES NO

- If you checked **NO**, then your address includes **more than one household**. Please **initial lines A and B below**, and sign and date.
- If you checked **YES**, then your address includes only **one household**. Please **initial line B below**, and sign and date.

CERTIFICATION

Please initial the certifications below and sign and date.

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. <u> </u> I certify that I live at an address occupied by multiple households . |
| B. <u> </u> I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government. |

Signature _____ Date _____

ANCHORAGE OFFICE
4300 B Street, Suite 501
Anchorage, Alaska 99503
1-800-478-6409
Fax: 907-563-3394



Web: www.astac.net
Email: info@astac.net

BARROW OFFICE
1078 Kiogak Street
Barrow, Alaska 99723
907-852-7100
Fax: 907-852-0006

LIFELINE AND LINKUP ASSISTANCE APPLICATION

Annual Certification Is Required

Check applying for: ☐ Local Service Assistance OR ☐ Wireless Service Assistance

Verify your Eligibility:

1. Complete Section A: Personal Information
2. Complete Section B **OR** Section C (not both)
3. Complete Section D: Initial, Sign, and Date
4. Attach a copy of your documents to support your eligibility
5. Return Application and Documents to ASTAC 4300 B St, Suite 501, Anchorage, AK 99503 / Fax: 907-563-3394 or 907-852-0006

A. PERSONAL INFORMATION

The person applying for Lifeline service **MUST BE** the same person who qualifies for the Lifeline benefits **AND** listed on the telephone bill.

CUSTOMER FIRST AND LAST NAME	
MAILING ADDRESS City, State, Zip Code	
"Main" Lifeline Telephone Number	
PHYSICAL ADDRESS City, State, Zip Code (NOT PO Box)	

Date of Birth: Month _____ Day _____ Year _____
(Required) mm dd yyyy

☐ Check here if service address is temporary

Social Security Number: _____
(Required)

Tribal Lifeline: Single party, voice grade access to the public switched network, access to emergency services, access to operator services, access to interexchange services (unless toll blocking is chosen), access to directory assistance, and toll blocking (if requested).

Tribal Link Up: includes any standard charges imposed on qualifying low-income individuals on Tribal Lands as a condition of initiating service, including both line extension and initial connection charges. The customer will receive assistance for 100% of connection fees up to \$100.00. This is the maximum federal assistance available. The supported services under this section do not include charges assessed for facilities or equipment that fall on the customer's side of the demarcation point, i.e. customer premises equipment and inside wiring charges. Any additional installation charges or line extension charges will be the responsibility of the customer. Expanded Link-Up Service assistance shall be provided a subsequent time only for a principal residence with a different address than the residence where Expanded Link-Up Service was previously provided.

Check applying for: ☐ Tribal Lifeline (monthly reoccurring charge) ☐ Tribal Link Up (installation charges)

Office Use Only	
ASTAC CSR:	
Proof of Eligibility Received and Effective Date(s):	
Date:	

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you or a member of your household is currently enrolled. **YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. **(Do not send original documents, documentation will NOT be returned. Proof will remain on file with ASTAC for 3 years.)**

<input type="checkbox"/> E1 - Medicaid <input type="checkbox"/> E2 - Supplemental Nutrition Assistance Program (Food Stamps or SNAP) <input type="checkbox"/> E3 - Supplemental Security Income (SSI) <input type="checkbox"/> E4 - Federal Public Housing Assistance (Section 8) <input type="checkbox"/> E5 - Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> E6 - Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> E7 - National School Lunch Program's Free Lunch Program <input type="checkbox"/> E8 - Bureau of Indian Affairs (BIA) General Assistance <input type="checkbox"/> E9 - Tribally administered Temporary Assistance to Needy Families (TTANF) <input type="checkbox"/> E11 - Head Start (income based criteria only)	E12 - State Assistance Programs (If Applicable) <input type="checkbox"/> Alaska Adult Public Assistance <input type="checkbox"/> Alaska Heating Assistance Program <input type="checkbox"/> Alaska Public Housing <input type="checkbox"/> Alaska Senior Care <input type="checkbox"/> Alaska Temporary Assistance Program (ATAP) <input type="checkbox"/> Child Care Assistance (PASS I, II, III) <input type="checkbox"/> Denali Kid Care <input type="checkbox"/> Pioneer Home Payment Assistance <input type="checkbox"/> Sr. Citizen Housing Development Fund <input type="checkbox"/> E13 - Eligibility Based on Income (<i>see Section C</i>) E14 – Program Eligibility Approved by State Administrator <input type="checkbox"/> Home Investment Partnership Program ("HOME") <input type="checkbox"/> Interest Rate Reduction for Low Income Borrowers <input type="checkbox"/> Low Income Housing Tax Credit Program <input type="checkbox"/> VA Disability Pension <input type="checkbox"/> WIC - Women Infants and Children Program
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IF THE PARENT QUALIFIES FOR THE BENEFITS DUE TO A MINOR CHILD, THEN MINORS' INFO IS NEEDED AS THE "BENEFITS QUALIFYING PERSON"

Minor's First and Last Name	Date of Birth	Last 4 Digits of Social Security Number

C. INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	2016 Federal Poverty Guidelines for Alaska	
Prior year's State, Federal or Tribal tax return OR		Household Size	Poverty Guideline
Social Security; Retirement income		1	\$20,034
Alimony or Child Support		2	\$27,027
Wages		3	\$34,020
Bureau of Indian Affairs General Assistance		4	\$41,013
Unemployment; Worker's Compensation		5	\$48,006
		6	\$54,972
		7	\$61,992
		8	\$69,012
		For each additional person, add \$7,020	
TOTAL:			

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
Most recent statement from each type of current income source(s) noted above:
- **Three consecutive months'** worth of your most current pay stubs from all employers
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Worker's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

D. SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each sentence, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- ____ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- ____ 2. I will notify the carrier **within 30 days** if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- ____ 3. If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- ____ 4. If I move to a new address, I will provide that new address to the telephone company **within 30 days**;
- ____ 5. If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address **every 90 days**;
- ____ 6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- ____ 7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- ____ 8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ____ 9. The information contained in the application and certification form is true and correct to the best of my knowledge.
- ____ 10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.
- ____ 11. I acknowledge that Lifeline Service is Non-Transferable.



Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?

If yes, please explain: _____

X _____
Customer Signature

Date

X _____
Printed Name

54.313 Lifeline customers MOU and additional toll charges

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every Arctic Slope Telephone Association Cooperative, Inc. subscriber, are free to choose their own toll usage plans through IXC's that serve Arctic Slope Telephone Association Cooperative, Inc.



Arctic Slope Telephone Association Cooperative, Inc.
4300 B Street, Suite 501, Anchorage, AK 99503
907-563-3989 • 1-800-478-6409 • f: 907-563-1932

Date: July 1, 2016

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

**Re: WC Docket No. 14-58, 2016 Annual Report, Form 481 for High-Cost Recipient 54.313(f)(1)
"Milestone Certification"**

Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Arctic Slope Telephone Association Cooperative, Inc. provides High Speed Internet service to its customers which:

- Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream in those areas with sufficient terrestrial backhaul; otherwise at the 1 Mbps download/256 kbps upload non-terrestrial (i.e. satellite) speed as clarified in the Commission's Third Order on Reconsideration;
- Up to it's point of connection with the available backhaul carrier, provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;
- That reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at 907-564-2680.

Sincerely,

Clover McNeil
Chief Financial Officer
Arctic Slope Telephone Association Cooperative, Inc.
4300 B Street, Suite 501
Anchorage, AK 99503
clover@astac.net

Attachment for Line 3012. In compliance with 54.313(f)(1).

**ANCHOR INSTITUTIONS WITHIN ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE,
INC.'S TERRITORY**

Access to broadband services was available prior to 2015 to all known anchor institutions. Any requests for broadband services, and speeds, were fulfilled in 2015. Arctic Slope Telephone Association Cooperative, Inc. continues to monitor customer demand and technological innovation and is actively upgrading its network in anticipation of requests for higher speed broadband services.

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0986

OMB Control No. 3060-0819

Page 1 of 3

July 2013

<010> Study Area Code **613001**

<015> Study Area Name **Arctic Slope Tel**

<020> Program Year **2017**

<030> Contact Name - Person USAC should contact regarding this data **Clover McNeil**

<035> Contact Telephone Number - Number of person identified in data line <030> **907-564-2680**

<039> Contact Email Address - Email Address of person identified in data line <030> **clover@astac.net**

Filed as reviewed single company ☐

Filed as reviewed consolidated company ☐

Filed as subsidiary of reviewed consolidated company ☐

Filed as audited single company ☐

Filed as audited consolidated company ☒

Filed as subsidiary of audited consolidated company ☐

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Clover McNeil

Signature

6/10/17

Date

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
0. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
1. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
2. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
3. Nonregulated Investments			47. Other Long-Term Liabilities		
4. Other Noncurrent Assets			48. Other Deferred Credits		
5. Deferred Charges			49. Other Jurisdictional Differences		
6. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-In-Capital		
8. Telecom, Plant-in-Service			53. Treasury Stock		
9. Property Held for Future Use			54. Membership and Cap. Certificates		
0. Plant Under Construction			55. Other Capital		
1. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
2. Less Accumulated Depreciation			57. Retained Earnings or Margins		
3. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Income Statement - Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

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<010> Study Area Code **613001**

<015> Study Area Name **Arctic Slope Tel**

<020> Program Year **2017**

<030> Contact Name - Person USAC should contact regarding this data **Clover McNeil**

<035> Contact Telephone Number - Number of person identified in data line <030> **907-564-2680**

<039> Contact Email Address - Email Address of person identified in data line <030> **clover@astac.net**

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
0. Depreciation Expense		
1. Amortization Expense		
2. Customer Operations Expense		
3. Corporate Operations Expense		
4. Total Operating Expenses (8 thru 13)		
5. Operating Income or Margins (7 less 14)		
6. Other Operating Income and Expenses		
7. State and Local Taxes		
8. Federal Income Taxes		
9. Other Taxes		
0. Total Operating Taxes (17+18+19)		
1. Net Operating Income or Margins (15+16-20)		
2. Interest on Funded Debt		
3. Interest Expense - Capital Leases		
4. Other Interest Expense		
5. Allowance for Funds Used During Construction		
6. Total Fixed Charges (22+23+24-25)		
7. Nonoperating Net Income		
8. Extraordinary Items		
9. Jurisdictional Differences		
0. Nonregulated Net Income		
1. Total Net Income or margins (21+27+28+29+30-26)		
2. Total Taxes Based on Income		
3. Retained Earnings or Margins Beginning-of-Year		
4. Miscellaneous Credits Year-to-Date		
5. Dividends Declared (Common)		
6. Dividends Declared (Preferred)		
7. Other Debits Year-to-Date		
8. Transfers to Patronage Capital		
9. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37+38))		
0. Patronage Capital Beginning-of-Year		
1. Transfers to Patronage Capital		
2. Patronage Capital Credits Retired		
3. Patronage Capital End-of-Year (40+41-42)		
4. Annual Debt Service Payments		
5. Cash Ratio ((14+20+10-11)/7)		
6. Operating Accrual Ratio ((14+20+26)/7)		
7. TIER ((31+26)/26)		
8. DSCR ((31+26+10+11)/44)		

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form

FCC Form 481
 OMB Control No. 3050-0986
 OMB Control No. 3060-0819
 July 2013

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<010> Study Area Code	613001
<015> Study Area Name	Arctic Slope Tel
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Clover McNeil
<035> Contact Telephone Number - Number of person identified in data line <030>	907-564-2680
<039> Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
3. Add: Depreciation	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
4. Add: Amortization	
5. Other (Explain)	Nonregulated Activity; Reconciling to Audited Financials
	Changes in Operating Assets and Liabilities
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	Nonregulated Activity; Reconciling to Audited Financials
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	Nonregulated Activity; Reconciling to Audited Financials
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

REPORT OF INDEPENDENT AUDITORS

Board of Directors
Arctic Slope Telephone
Association Cooperative, Inc.

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Arctic Slope Telephone Association Cooperative, Inc. (Cooperative) and its subsidiaries, which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of income, comprehensive income, members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate for the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

**REPORT OF INDEPENDENT AUDITORS
(continued)**

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Arctic Slope Telephone Association Cooperative, Inc. and its subsidiaries as of December 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 3, 2016 on our consideration of the Cooperative's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Arctic Slope Telephone Association Cooperative, Inc. and its subsidiary's internal control over financial reporting and compliance.

Moss Adams LLP

Spokane, Washington
March 3, 2016

54.313(g) Areas with no terrestrial backhaul

All of the Arctic Slope Telephone Association Cooperative, Inc. markets, with the exception of Deadhorse and Nuiqsut, are not connected by roads and are only fed by satellite backhaul facilities. Deadhorse has both microwave and fiber middle-mile access, which is extended to the village of Nuiqsut by Arctic Slope Telephone Association Cooperative, Inc. owned microwave assets. Our Deadhorse and Nuiqsut exchanges support the minimum service level of 10M down/1M up.

The remaining villages/exchanges – Barrow, Kaktovik, Anaktuvuk Pass, Atkasuk, Wainwright, Point Lay and Point Hope - meet the minimum service level of 1M down/256K up set in prior years due to the cost for satellite backhaul facilities being prohibitive. Arctic Slope Telephone Association Cooperative, Inc. continues to seek economically sound solutions to address those villages currently not offering the minimum speed requirement.